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Bib Data Sheet

CONFIRMATION NO. 6761

SERIAL NUMBER 09/600,060	FILING DATE 07/10/2000 RULE	CLASS 435	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. CTH-03
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APPLICANTS

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** CONTINUING DATA *****
 This application is a 371 of PCT/GB99/00070 07/10/2000

** FOREIGN APPLICATIONS *****
 UNITED KINGDOM 9800487.2 01/09/1998 *OK, P-4*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 09/07/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Signature</i> Examiner's Signature	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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TITLE
 Agent for treating allergic or hypersensitivity condition

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)